

**DECLARATION (37 CFR 1.63) AND POWER OF ATTORNEY**

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name; and

I believe that I am the original, first, and sole inventor (if only one name is listed below), or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **Bone Paste**, the specification for which

☒ is attached hereto.

☐ was filed \_\_\_\_\_, Serial No. \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (Patented, Pending, Abandoned)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following persons registered to practice before the Patent and Trademark Office as my attorneys with full power of substitution and revocation to prosecute this application and all divisions and continuations thereof and to transact all business in the Patent and Trademark Office connected therewith: Roman Saliwanchik, Reg. No. 21,023; David R. Saliwanchik, Reg. No. 31,794; Jeff Lloyd, Reg. No. 35,589; Jean Kyle, Reg. No. 36,987; Doran R. Pace, Reg. No. 38,261; Jay M. Sanders, Reg. No. 39,355; Gerard H. Bencen, Reg. No. 35,746; James S. Parker, Reg. No. 40,119; Christine Q. McLeod, Reg. No. 36,213.

I request that all correspondence be sent to:

Gerard H. Bencen  
2421 N.W. 41st Street, Suite A-1  
Gainesville, FL 32606

I further request that all telephone communications be directed to:

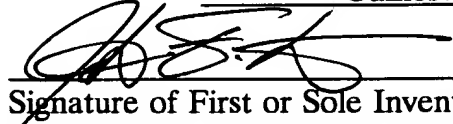
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Name of First or Sole Inventor John F. Wironen

Residence Gainesville, Florida Citizenship United States

Post Office Address 707 S.W. 75th Street, Unit 101

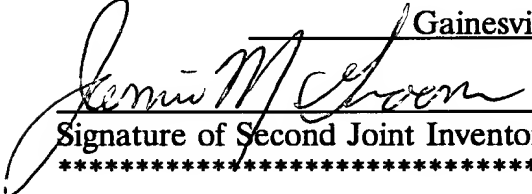
Gainesville, Florida 32607 USA

 Date 3/13/97  
Signature of First or Sole Inventor  
\*\*\*\*\*

Name of Second Joint Inventor Jamie M. Grooms

Residence Florida Citizenship United States

Post Office Address 5131 N.W. 76th Lane

 Gainesville, Florida 32653  
Date 3/13/97  
Signature of Second Joint Inventor  
\*\*\*\*\*

Name of Third Joint Inventor \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_  
Signature of Third Joint Inventor  
\*\*\*\*\*

Name of Fourth Joint Inventor \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_  
Signature of Fourth Joint Inventor  
\*\*\*\*\*

Applicant or Patentee: John F. Wironen, Jamie M. Grooms Attorney's  
Serial or Patent No. 128 Docket No. TB-101  
Filed or Issued: 1997  
For: Bone Paste

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9 (f) and 1.27 (c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

☐ the owner of the small business concern identified below:

☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN University of Florida Tissue Bank, Inc.

ADDRESS OF CONCERN 1 Innovation Drive  
Alachua, Florida 32615

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CAR 121.3-18, and reproduced in 37 CAR 1.9 (d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled Bone Paste

John F. Wironen and Jamie M. Grooms by inventor(s)

described in

☒ the specification filed herewith

☐ application serial no. \_\_\_\_\_, filed \_\_\_\_\_.

☐ patent no. \_\_\_\_\_, issued \_\_\_\_\_.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CAR 1.9 (d) or by any concern which would not qualify as a small business concern under 37 CAR 1.9 (d) or a nonprofit organization under 37 CAR 1.9 (e).

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring their status as small entities. (37 CAR 1.27)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change of status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CAR 1.28 (b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Jamie M. Grooms

TITLE OF PERSON OTHER THAN OWNER President

ADDRESS OF PERSON SIGNING 1 Innovation Drive  
Alachua, Florida 32615

SIGNATURE

*Jamie M. Grooms*

DATE

3/13/97